

State of Rhode Island
Town of Warren

Application for a Business-Operating License

Building Official
Stamp Required



Pursuant to **Rhode Island General Law 45-2-31.2**, it is mandatory for “each business” including but not limited to, wholesale, retail, commercial, professional service or manufacturing, whether by sole proprietorships, partnerships, corporations or any business entity shall register their business, company, trade or office situated in the Town of Warren with the Town Clerk”.

SECTION 1. APPLICATION INFORMATION

Applicant Name _____

Applicant Address _____

Applicant ID Number (i.e. RI Driver's License, etc.) _____

Applicant Date of Birth _____

Home Telephone Number _____

SECTION 2. BUSINESS INFORMATION

☐ New Business ☐ Transfer of Ownership (check one)

Type of Business (check one)

☐ Corporation ☐ Sole Proprietorship

☐ Partnership ☐ Limited Liability

Business Name (if corporation, limited liability co. or partnership, please complete section 4)

Trade Name (d/b/a) _____

Business Location _____, Warren RI 02885

Mailing Address (if different from above)

Business Telephone _____ Fax _____

Assessor's Plat _____ Lot _____

Zoning District _____

Has Zoning Relief been granted? If so please describe and give date granted.

Description of Business Operations:

SECTION 3. COMPLETE FOR TRANSFER OF OWNERSHIP

Previous License Holder's Name _____

Previous License Holder's Address _____

Previous License Holder's Telephone Number _____

Cell Number _____

Previous License Holder's Signature (signature must be notarized)

Signature _____ Date _____

State of Rhode Island, _____ County, on this _____

day of _____, 200_____

(Notary Seal)

Notary Public/Commission Exp. Print Notary Name

SECTION 4. COMPLETE FOR CORPORATIONS, LIMITED LIABILITY C., OR PARTNERSHIPS

(Please attach copy of organizational papers issued by the State of Rhode Island)

Names of Officers

Address

President

Vice President

Secretary

Treasurer

Business Owner Signature

Date

State of Rhode Island, _____ County, on this _____
day of _____, 200_____

in said county, before me personally appeared each and all to me known and known to me to be the person's) executing the above signature and acknowledged said execution to be his/her/their free act and deed.

Payment will be accepted and license will be issued upon approval of the Building Official.

Notary Public _____

Notary Name Printed _____

Commission Expires _____